POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	-ō	10	10/c
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ZA	1120	10-24-c4
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	...... Rejected		N	...... Non-elected
=	...... Allowed		I	...... Interference
—	(Through numeral)... Canceled		A	...... Appeal
÷	...... Restricted		O	...... Objected

Claim Final	Original			Date					
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If more than 150 claims or 10 actions
staple additional sheet here

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